

CLAIMS ONLY						Application Number <i>10895009</i>	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1							
2							
3							
4							
5							
6	1						
7		1					
8							
9	1						
10		1					
11		1					
12	1						
13		1					
14		1					
15		1					
16		1					
17	1						
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30	1						
31		1					
32		1					
33	1						
34		1					
35		1					
36		1					
37	1						
38		1					
39		1					
40	1						
41		1					
42		1					
43		1					
44	1						
45		1					
46		1					
47		1					
48		1					
49		1					
50		1					
Total Indep							
Total Depend							
Total Claims							